



## Santa Barbara County Behavioral Wellness

### SB-163 WRAPAROUND Authorization Process

For Clients Open to Clinic	For Clients Not Open to Clinic
<ol style="list-style-type: none"> <li>1. Presentation at WIT.</li> <li>2. WIT accepts client.</li> <li>3. The county Care Coordinator is notified that client has been accepted to Wrap.</li> <li>4. The Wrap assessor will consult with Care Coordinator regarding participation in services and Care Coordinator's assessment.</li> <li>5. Wrap team contacts family and schedules first intake meeting. At this point, Wrap can only bill crisis or assessment (unlimited minutes).</li> <li>6. Wrap may evaluate the need to update the assessment/treatment plan.</li> <li>7. Care Coordinator updates the treatment plan to add Wraparound goals and services. Care Coordinator emails Quality Care Management (QCM) with treatment plan effective date (for monitoring). No QCM authorization is needed.</li> </ol>	<ol style="list-style-type: none"> <li>1. Presentation at WIT.</li> <li>2. WIT accepts client.</li> <li>3. Wrap opens client in ShareCare.</li> <li>4. Wrap team contacts family and schedules first intake meeting. At this point, Wrap can only bill crisis or assessment (unlimited minutes).</li> <li>5. Wrap assessor completes assessment in Clinician's Gateway. Wrap assessor completes the treatment plan and includes SB-163, medication support, and clinic based case management goals.</li> <li>6. Wrap team will email authorization form, WIT referral sheet, and Medi-Cal eligibility to QCM. Providing assessment meets requirements, QCM will authorize six months of services to include all requested service codes for unlimited minutes.</li> <li>7. Wrap will present the assessment at the client's "home" clinic Assessor's meeting. The team will assign a clinic Care Coordinator.</li> </ol>

Re-authorization
<p>Wrap submits re-authorization form, describing client's current symptoms/behaviors, progress toward goals, estimated completion of goals, and service number of CFT note where documentation reflects the team discussed client's continued need for Wraparound based on current symptoms, behaviors, and status of client's goals. (If there has been a significant change to warrant a change in diagnosis or change in level of care need, an Assessment Update should be completed). Providing medical necessity is met, Quality Care Management (QCM) will authorized 6 additional months of services.</p>